

**QUAID-E-AZAM ACADEMY FOR
EDUCATIONAL DEVELOPMENT (QAED)**

Quality Assurance, Monitoring & Evaluation Wing

Issue Date: 08-03-2019

Issue # 1

Revision # 0

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Training Monitoring Form

(05-Days PEELI Training of ESEs by Expert Trainers)

Duration: From _____ To _____

I. GENERAL INFORMATION

Name of Observer: _____

Designation: _____

CNIC #: - _____

Organization: _____

Date of Visit: _____

District of Visit: _____

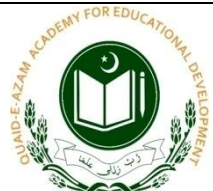
Name of Training Center: _____

EMIS code (if applicable): _____

Name of Training Center's Head: _____

CNIC #: _____

Number of Participants:	Male	Female	Total	Training Rooms (Mark numbers)	Available seats	Appropriate seats
Expected				Training Room(s) organized for training		
Present				Activity Room(s) organized for training (If applicable)		
Absent				Total Number of Training Rooms		
Total Number of Sections: _____				Section Strength (Mark numbers)	Section	Strength
					Section-3 (If applicable)	
Section-4 (If applicable)						
Section-5 (If applicable)						
Section-6 (If applicable)						
Section-7 (If applicable)						
Section Strength (Mark numbers)	Section	Strength				
	Section-1					
	Section-2 (If applicable)					

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RATING SCALE

Poor	Un-satisfactory	Satisfactory	Good	Excellent
1	2	3	4	5

II. MATERIAL AND LOGISTICS

Please Indicate (tick) suitable option against each indicator						Additional Remarks
1. Financial Guideline was provided by QAED headquarter	Yes	No				
2. Training Material was available for each trainee	Yes	No				
3. Approved material was being used.	Yes	No				
4. Classroom(s) / Activity Room(s) were spacious for movement	Yes	No				
5. Generator facility was available and working (In case of electricity breakdown)	Yes	No				
6. Stationery was available with each trainee	Yes	No				
7. Availability of AV aids	Yes	No				
8. Quality of stationery provided	1	2	3	4	5	
9. Quality of AV aids	1	2	3	4	5	
10. Cleanliness of training room(s) / Activity Room(s)	1	2	3	4	5	
11. Refreshment and drinking water arrangements	1	2	3	4	5	
12. Toilet facility	1	2	3	4	5	

III. CONDUCT OF TRAINING

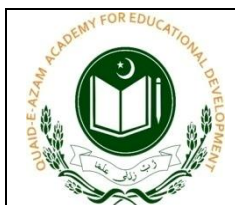
Please Indicate (tick) suitable option against each indicator			Additional Remarks
1. Participants arrived in time	Yes	No	
2. Availability of attendance sheet	Yes	No	
3. Availability of training schedule / Timetable	Yes	No	
4. Training Objectives were pasted / written on board	Yes	No	

Please Indicate (tick) suitable option against each indicator						Additional Remarks
5. Training Norms were available in each training room	Yes	No				
6. Venue indication signs were duly pasted	Yes	No				
7. Availability of lists of Validated Expert Trainers (level 2 & 3) in front of each class	Yes	No				
8. Training sessions conducted according to time schedule	Yes	No				
9. Objectives of daily session(s) achieved	Yes	No				
10. Level of Objectives achieved	1	2	3	4	5	
11. Participants' motivation level for learning	1	2	3	4	5	
12. Class participation by trainees	1	2	3	4	5	
13. Participants' attire	1	2	3	4	5	
14. Class discipline	1	2	3	4	5	
15. Facilitation from support staff	1	2	3	4	5	
16. Facilitation and support from training center's head	1	2	3	4	5	
17. Trainees' satisfaction with training content (Through verbal feedback from trainees)	1	2	3	4	5	
18. Trainees' satisfaction with training conduct (Through verbal feedback from trainees)	1	2	3	4	5	

IV. EVALUATION OF VALIDATED EXPERT TRAINERS

Please write name(s) of Expert Trainer(s) and rate in numbers only according to the aforementioned rating scale (e.g; 1-Poor to 5-Excellent). In case of YES / NO options, you need to tick only the relevant one from given options:

Validated Expert Trainer(s) (Only Level-2 and 3)		Trainer-I	Trainer-II	Trainer-III	Trainer-IV	Trainer-V	Trainer-VI
	Name(s)						
1. Organized training room properly							
2. Started the session properly							
3. Ensured proper participation / interest of the trainees in activities							



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4. Ensured discussion during the session and concluded the session properly						
5. Able to answer the queries of participants						
6. Presentation / Communication skills						
7. Use / Handling of AV aids						
08. Time Management						
09. Classroom Management						
PEELI Specific Learning outcomes (Rating Scale: 1-Poor to 5-Excellent; In case of YES / NO tick only relevant option)						
(If objectives have already been achieved on date of observation then observer may get verbal feedback from trainees.)						
10. Developed understanding of trainees about Lesson Planning.						
11. Enabled participants to develop adequate lesson plans.						
12. Developed understanding of participants about assessment for learning.						
13. Enabled participants to apply assessment for learning strategies during training sessions.						
14. Enabled participants to understand the approach to primary teaching.						
15. Would you recommend the Expert Trainer for future trainings on PEELI.	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

V. GENERAL FEEDBACK / OBSERVATION BY OBSERVER

Comments:

Date:

Signature: